

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):  TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO</b> <input type="checkbox"/> MADGE BRADLEY BLDG., 1409 4TH AVE., SAN DIEGO, CA 92101-3105 <input type="checkbox"/> NORTH COUNTY DIVISION, 325 S. MELROSE DR., VISTA, CA 92081-6645 <input type="checkbox"/> JUVENILE COURT, 2851 MEADOW LARK DR., SAN DIEGO, CA 92123-2792	
Conservatorship of the <input type="checkbox"/> Person <input type="checkbox"/> Estate of _____  <div style="text-align: right;"><input type="checkbox"/> Conservatee <input type="checkbox"/> Proposed Conservatee</div>	
<b>ORDER RE COMPLETION OF CAPACITY DECLARATION</b>	CASE NUMBER: _____

A petition having been filed for the appointment of a conservator of the

- ☐ person with medical powers,
- ☐ with dementia powers,
- ☐ estate, or
- ☐ a request for a finding that the proposed conservatee should be excused from attending the hearing has been made,

**Good Cause Appearing, IT IS ORDERED THAT:**

Dr. \_\_\_\_\_ is hereby authorized to complete the attached Capacity Declaration regarding \_\_\_\_\_ (proposed) Conservatee, in order to permit the Court to determine whether conservatorship powers over the person and/or estate of said person should be granted by the Court. The use of this declaration is governed by the disclosure safeguards incorporated in the HIPAA Privacy Regulations (45 CFR part 160 and part 164), and no use other than what is permitted in those regulations is permitted by this Court Order.

The attached Capacity Declaration must be returned to the attorney or person other than an attorney whose address appears at the top of this Order within fifteen days after its receipt by the individual or institution authorized to complete the Capacity Declaration.

Dated: \_\_\_\_\_

\_\_\_\_\_  
Judge of the Superior Court